COUNTY OF PLACER UNCLAIMED WARRANT AFFIDAVIT FOR AN INDIVIDUAL

I,	(NAME OF SIGNER)	, do hereby state that I am the legal owner or		
dated		he amount of	t of	
I declare under po	enalty of perjury that the	e above information is true a	nd correct to the best of my	
knowledge and v	vas executed on the	day of	, 20, at	
(CITY)		(STATE)		
		(
Payee Signature		Payee Telephone		
Payee Address (mailing) Payee City, State and	Zip code A notary public or other of identity of the individual	fficer completing this certificate verif who signed the document, to which the fulness, accuracy, or validity of that of	is certificate is	
)) SS.		
		Subscribed and sworn to (or	affirmed) before me on this	
		day of	Month, Year, by	
		(1) Name of S	igner	
		proved to me on the basis of person who appeared before	satisfactory evidence to be the me.	
Affix Notary Seal A	shove	Signature of Nota	ury Public	

THIS AFFIDAVIT MUST BE NOTARIZED IF THE CLAIM AMOUNT IS GREATER THAN \$100.

SEND COMPLETED FORM TO: COUNTY OF PLACER, AUDITOR-CONTROLLER, 2970 RICHARDSON DRIVE, AUBURN, CA 95603-2640

The following guidelines will outline who is authorized to sign the Affidavit:

o <u>Individual:</u> If the payee on the warrant is an individual, the person named as the payee must complete and sign the Unclaimed Warrant Affidavit for an Individual.